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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/074,695	
	Filing Date	02/11/2002	
	First Named Inventor	Lennart Olsson	
	Art Unit	1644	
	Examiner Name	Saunders, David A.	
Total Number of Pages in This Submission	2	Attorney Docket Number	5008.02-3-1 (DJA)

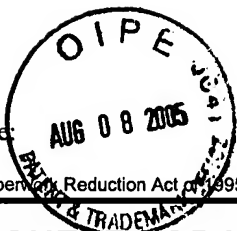
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	PETERS, VERNY, JONES, SCHMITT & ASTON, LLP		
Signature	<i>David J. Aston</i>		
Printed name	David J. Aston		
Date	08/04/2005	Reg. No.	28,051

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PTO/SB/83 (04-05)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
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Application Number	10/074,695
Filing Date	02/11/2002
First Named Inventor	Lennart Olsson
Art Unit	1644
Examiner Name	Saunders, David A.
Attorney Docket Number	5008.02-3-1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

23308

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:

OR

☒ Firm or Lennart Olsson

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Date 08/04/2005

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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